

A GROSS MISTAKE

We read in the Hollister "Free Lance" that Dr. G. Clement King, former Episcopalian pastor, who for some time past has been practising the chiropractic art in that metropolis, has left for pastures new where he will take up his noble work. It will be remembered, of course, that the chiropractic colleges assure us that no matter how often a man may fail in other walks of life, after a six-months' course in a chiropractic college he is sure to succeed in this strenuous art of healing.

We presume, then, we are to assume that the Rev. G. Clement King, we might say the Episcopalian, has succeeded so successfully that he feels he is hiding his light under a bushel in Hollister and is going to give some larger center a chance. All we can say is, what will Hollister do without him?

Dr. Pinkham, Secretary of the Board of Medical Examiners, informs us that there are some forty chiros under arrest awaiting trial for practising medicine illegally. The only reason all are not in a similar position is the overcrowded condition of the courts.

P. S.—We notice by the same editorial that Dr. M. L. Gross is to take the place of Dr. King. We are rather inclined to think this is a gross mistake.

COMPULSORY CHESTNUTS

The United States Department of Agriculture after ten years' experimentation is now able to demonstrate that it is possible to cross the chinquapin, a dwarf chestnut, with the Japanese chestnut, which is blight-resistant. The hybrid trees produced are quite resistant to the disease of Japanese origin which almost annihilated the chestnut orchards of this country. The orchards which are being restored through the scientific efforts of experts yield nuts of good flavor and quality.

Some day some "nuts" may start an initiative to prohibit compulsory chestnuts, claiming vehemently that dwarf chestnuts have an inherent right to remain dwarf chestnuts. This initiative is respectfully referred to the proponents of Number 6.

The two middle members of the "Quack Quartet"—6 and 7—appeared in the final feature of their joint campaign with a handbill declaring "Boards of Health All Bunk." Some of our main streets were literally littered with this ludicrous literature. It was truly descriptive and worthy of its source.

Original Articles

THE EDUCATION AND TRAINING OF THE MODERN SURGEON.*

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The modern student of medicine still suffers from the lack of balance and perspective in the curriculum offered for his training. One wonders if we shall ever get away from time-worn and obsolete methods; if we shall ever realize the years required to mature the scientific student in the manner and the method of acquiring knowledge.

In an effort to save time, we have adopted a combination of an abridged academic course with

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a crowded professional one, only to produce an immature and undertrained individual whose mind has been taught to hasten and crowd, but never to correlate. There is no short cut to mature accomplishment. Carlyle's *not* that "genius is simply the expression of the capacity for hard work" is inapposite, if the effort be misdirected. It is as true in surgery as in letters, that a broad and liberal academic background is absolutely essential to an authoritative place in art.

The acceptance of the doctrine that the humanitarian studies are not essential to culture and may be disregarded in a scientific training, is a retrogression. Such specious argument has gone far to make the medical student shallow, inadequate, and pitifully hedged about by limitations from which there is no escape.

The greatest indictment against the American student is his haste to "get through." It is only another expression of that insularity which has distinguished us.

There is not only need that we should be liberate and cultivate a philosophic poise in our method of study, but that we should acquire a sense of proportion in life's relationships.

If the American surgeon would establish a proper claim to scholarship, he must touch art and life at more vital points, and reveal a versatility which will justify that claim.

The late war brought into salient relief what had been long known to teachers of surgery, that an ever-increasing number of men in this country have a secret yearning to be known as surgeons. Applications to go on the surgical service at the base hospitals were pressing and abounding. As in civil practice, inadequate qualifications and training were no barrier to this aspiration. It derived its *raison d'être* from the conscious assumption that having a record of a limited number of major operations was sufficient justification. It has never been for such men to distinguish between a manual facility and a real scholarship in surgery. It is because most of us have failed in that essential distinction that we are justly known as a "race of operators." We have accentuated speed and manual dexterity and neglected the intellectual and spiritual foundation upon which every great structure of art or science must be grounded.

If we may assume then that the pre-medical training has been broad and scholastic we must consistently carry the primary purpose to its logical conclusion and make the scientific training generous and scholarly, and one of the first steps in this purpose should be to rid ourselves of some false traditions. One of these is that a knowledge of anatomy is so indispensable to the surgical student that physiology and chemistry may be regarded as subjects concerning chiefly the internist.

A similar fallacy has existed relative to physical diagnosis. The truth is, the surgical student learns anatomy as he would his alphabet, but he should be made to understand the great fundamentals of his surgical knowledge are biology, chemistry, physiology and pathology. His learn-